

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

ADDRESS (number and street)

P.O. Box 2291

☐Check if different  
than previously  
reported. (ACC)

Durham

NC

27702

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00312223

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kenneth Wright

Signature of Treasurer

Electronically Filed by Kenneth Wright

Date

07

08

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 123

Write or Type Committee Name

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		84952.63
(b) Cash on Hand at Beginning of Reporting Period .....	90726.56	
(c) Total Receipts (from Line 19) .....	22372.45	46146.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	113099.01	131099.01
7. Total Disbursements (from Line 31) .....	78000.00	96000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35099.01	35099.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	19098.07	30414.81
(ii) Unitemized .....	3274.38	15731.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22372.45	46146.38
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	22372.45	46146.38
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22372.45	46146.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22372.45	46146.38

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	9000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	71000.00	87000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	78000.00	96000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78000.00	96000.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 123

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	22372.45	46146.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22372.45	46146.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83149

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83284

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83418

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83554

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83689

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83824

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.75

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83151

Amount of Each Receipt this Period

103.25

**B.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83286

Amount of Each Receipt this Period

103.25

**C.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.25

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83420

Amount of Each Receipt this Period

103.25

**SUBTOTAL** of Receipts This Page (optional) .....

309.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City State Zip Code  
Cary NC 27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1032.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83556

Amount of Each Receipt this Period

103.25

**B.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City State Zip Code  
Cary NC 27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.75

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83691

Amount of Each Receipt this Period

103.25

**C.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City State Zip Code  
Cary NC 27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1239.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83826

Amount of Each Receipt this Period

103.25

**SUBTOTAL** of Receipts This Page (optional) .....

309.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Atherton

Mailing Address 8800 Hatton Court

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83422

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Atherton

Mailing Address 8800 Hatton Court

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83558

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Atherton

Mailing Address 8800 Hatton Court

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83693

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Atherton

Mailing Address 8800 Hatton Court

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83828

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.20

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83159

Amount of Each Receipt this Period

64.04

**C.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.24

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83294

Amount of Each Receipt this Period

64.04

**SUBTOTAL** of Receipts This Page (optional) .....

153.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.28

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83428

Amount of Each Receipt this Period

64.04

**B.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.32

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83564

Amount of Each Receipt this Period

64.04

**C.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83699

Amount of Each Receipt this Period

64.04

**SUBTOTAL** of Receipts This Page (optional) .....

192.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83834

Amount of Each Receipt this Period

64.04

**B.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

947.66

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83161

Amount of Each Receipt this Period

135.38

**C.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83296

Amount of Each Receipt this Period

135.38

**SUBTOTAL** of Receipts This Page (optional) .....

334.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1218.42

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83430

Amount of Each Receipt this Period

135.38

**B.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1353.80

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83566

Amount of Each Receipt this Period

135.38

**C.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1489.18

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83701

Amount of Each Receipt this Period

135.38

**SUBTOTAL** of Receipts This Page (optional) .....

406.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83836

Amount of Each Receipt this Period

135.38

**B.**

Full Name (Last, First, Middle Initial)

L Wade Brown

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83432

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

L Wade Brown

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83568

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

L Wade Brown

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83703

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

L Wade Brown

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83838

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Milo Brunick

Mailing Address 4020 Grayson Ridge Court

City

State

Zip Code

Raleigh

NC

27613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.25

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83164

Amount of Each Receipt this Period

94.23

**SUBTOTAL** of Receipts This Page (optional) .....

144.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Milo Brunick

Mailing Address 4020 Grayson Ridge Court

City

Raleigh

State

NC

Zip Code

27613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

717.48

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83299

Amount of Each Receipt this Period

94.23

**B.**

Full Name (Last, First, Middle Initial)

Milo Brunick

Mailing Address 4020 Grayson Ridge Court

City

Raleigh

State

NC

Zip Code

27613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.71

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83433

Amount of Each Receipt this Period

94.23

**C.**

Full Name (Last, First, Middle Initial)

Milo Brunick

Mailing Address 4020 Grayson Ridge Court

City

Raleigh

State

NC

Zip Code

27613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.94

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83569

Amount of Each Receipt this Period

94.23

**SUBTOTAL** of Receipts This Page (optional) .....

282.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Milo Brunick

Mailing Address 4020 Grayson Ridge Court

City State Zip Code  
 Raleigh NC 27613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.17

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83704

Amount of Each Receipt this Period

94.23

**B.**

Full Name (Last, First, Middle Initial)

Milo Brunick

Mailing Address 4020 Grayson Ridge Court

City State Zip Code  
 Raleigh NC 27613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1094.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83839

Amount of Each Receipt this Period

94.23

**C.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83167

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

238.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83302

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83436

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83572

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City State Zip Code  
Cary NC 27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83707

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City State Zip Code  
Cary NC 27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83842

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City State Zip Code  
Oxford NC 27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.20

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83304

Amount of Each Receipt this Period

28.07

**SUBTOTAL** of Receipts This Page (optional) .....

128.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.27

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83438

Amount of Each Receipt this Period

28.07

**B.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.53

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83574

Amount of Each Receipt this Period

25.26

**C.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83709

Amount of Each Receipt this Period

28.07

**SUBTOTAL** of Receipts This Page (optional) .....

81.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.67

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83844

Amount of Each Receipt this Period

28.07

**B.**

Full Name (Last, First, Middle Initial)

Steven Cherrier

Mailing Address 1207 Holly Creek Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83710

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Cherrier

Mailing Address 1207 Holly Creek Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83845

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

68.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.91

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83178

Amount of Each Receipt this Period

56.25

**B.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83313

Amount of Each Receipt this Period

56.25

**C.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.41

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83447

Amount of Each Receipt this Period

56.25

**SUBTOTAL** of Receipts This Page (optional) .....

168.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.66

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83583

Amount of Each Receipt this Period

56.25

**B.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.91

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83718

Amount of Each Receipt this Period

56.25

**C.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83853

Amount of Each Receipt this Period

56.25

**SUBTOTAL** of Receipts This Page (optional) .....

168.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

G Diane DeGroff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83449

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

G Diane DeGroff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83585

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

G Diane DeGroff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83720

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

G Diane DeGroff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83855

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

State

Zip Code

Durham

NC

27713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83181

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

State

Zip Code

Durham

NC

27713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.11

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83316

Amount of Each Receipt this Period

32.59

**SUBTOTAL** of Receipts This Page (optional) .....

87.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83450

Amount of Each Receipt this Period

31.73

**B.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.57

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83586

Amount of Each Receipt this Period

31.73

**C.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83721

Amount of Each Receipt this Period

31.73

**SUBTOTAL** of Receipts This Page (optional) .....

95.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83856

Amount of Each Receipt this Period

31.73

**B.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83185

Amount of Each Receipt this Period

77.88

**C.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83320

Amount of Each Receipt this Period

77.88

**SUBTOTAL** of Receipts This Page (optional) .....

187.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83454

Amount of Each Receipt this Period

77.88

**B.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

778.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83590

Amount of Each Receipt this Period

77.88

**C.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

856.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83725

Amount of Each Receipt this Period

77.88

**SUBTOTAL** of Receipts This Page (optional) .....

233.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83860

Amount of Each Receipt this Period

77.88

**B.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.27

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83186

Amount of Each Receipt this Period

52.61

**C.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83321

Amount of Each Receipt this Period

52.61

**SUBTOTAL** of Receipts This Page (optional) .....

183.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.49

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83457

Amount of Each Receipt this Period

52.61

**B.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83592

Amount of Each Receipt this Period

52.61

**C.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83727

Amount of Each Receipt this Period

52.61

**SUBTOTAL** of Receipts This Page (optional) .....

157.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83862

Amount of Each Receipt this Period

52.61

**B.**

Full Name (Last, First, Middle Initial)

John Fong

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83458

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Fong

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83593

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Fong

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83728

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Fong

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83863

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.57

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83189

Amount of Each Receipt this Period

50.51

**SUBTOTAL** of Receipts This Page (optional) .....

100.51

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.83324

Amount of Each Receipt this Period

50.51

**B.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	1	0

Transaction ID: SA11AI.83460

Amount of Each Receipt this Period

50.51

**C.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	1	0

Transaction ID: SA11AI.83595

Amount of Each Receipt this Period

50.51

SUBTOTAL of Receipts This Page (optional) .....

151.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.61

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83730

Amount of Each Receipt this Period

50.51

**B.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83865

Amount of Each Receipt this Period

50.51

**C.**

Full Name (Last, First, Middle Initial)

Lynne Garrison

Mailing Address 806 Green Passage Lane

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.94

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83190

Amount of Each Receipt this Period

68.42

**SUBTOTAL** of Receipts This Page (optional) .....

169.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynne Garrison

Mailing Address 806 Green Passage Lane

City State Zip Code

Apex NC 27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83325

Amount of Each Receipt this Period

68.42

**B.**

Full Name (Last, First, Middle Initial)

Lynne Garrison

Mailing Address 806 Green Passage Lane

City State Zip Code

Apex NC 27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.78

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83461

Amount of Each Receipt this Period

68.42

**C.**

Full Name (Last, First, Middle Initial)

Lynne Garrison

Mailing Address 806 Green Passage Lane

City State Zip Code

Apex NC 27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.20

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83596

Amount of Each Receipt this Period

68.42

**SUBTOTAL** of Receipts This Page (optional) .....

205.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynne Garrison

Mailing Address 806 Green Passage Lane

City State Zip Code

Apex NC 27502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.62

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83731

Amount of Each Receipt this Period

68.42

**B.**

Full Name (Last, First, Middle Initial)

Lynne Garrison

Mailing Address 806 Green Passage Lane

City State Zip Code

Apex NC 27502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83866

Amount of Each Receipt this Period

68.42

**C.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City State Zip Code

Apex NC 27502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83191

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

236.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

746.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83326

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

846.16

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83462

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

946.16

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83597

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1046.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83732

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1146.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83867

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

State

Zip Code

Durham

NC

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

792.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83192

Amount of Each Receipt this Period

115.38

**SUBTOTAL** of Receipts This Page (optional) .....

315.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83327

Amount of Each Receipt this Period

115.38

**B.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1023.06

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83463

Amount of Each Receipt this Period

115.38

**C.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.44

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83598

Amount of Each Receipt this Period

115.38

**SUBTOTAL** of Receipts This Page (optional) .....

346.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1253.82

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83733

Amount of Each Receipt this Period

115.38

**B.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1369.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83868

Amount of Each Receipt this Period

115.38

**C.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.91

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83193

Amount of Each Receipt this Period

35.77

**SUBTOTAL** of Receipts This Page (optional) .....

266.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83328

Amount of Each Receipt this Period

35.77

**B.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83464

Amount of Each Receipt this Period

35.77

**C.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83599

Amount of Each Receipt this Period

35.77

**SUBTOTAL** of Receipts This Page (optional) .....

107.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83734

Amount of Each Receipt this Period

35.77

**B.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83869

Amount of Each Receipt this Period

35.77

**C.**

Full Name (Last, First, Middle Initial)

O Susan Hauck

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Case Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83471

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

96.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

O Susan Hauck

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83606

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

O Susan Hauck

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83741

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

O Susan Hauck

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83876

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sarah Hearn

Mailing Address 1181 Bowers Store Road

City

State

Zip Code

Siler City

NC

27344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83742

Amount of Each Receipt this Period

19.46

**B.**

Full Name (Last, First, Middle Initial)

Sarah Hearn

Mailing Address 1181 Bowers Store Road

City

State

Zip Code

Siler City

NC

27344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83877

Amount of Each Receipt this Period

19.46

**C.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

State

Zip Code

Chapel Hill

NC

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.93

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83202

Amount of Each Receipt this Period

69.23

**SUBTOTAL** of Receipts This Page (optional) .....

108.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83337

Amount of Each Receipt this Period

69.23

**B.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.39

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83473

Amount of Each Receipt this Period

69.23

**C.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.62

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83608

Amount of Each Receipt this Period

69.23

**SUBTOTAL** of Receipts This Page (optional) .....

207.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.85

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83743

Amount of Each Receipt this Period

69.23

**B.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83878

Amount of Each Receipt this Period

69.23

**C.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83205

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

177.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83340

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83476

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83611

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

117.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83746

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83881

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley Jenkins

Mailing Address 5436 Chimney Swift Dr

City

State

Zip Code

Wake Forest

NC

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83750

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

98.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stanley Jenkins

Mailing Address 5436 Chimney Swift Dr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.83885

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.83213

Amount of Each Receipt this Period

85.62

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.83348

Amount of Each Receipt this Period

85.62

SUBTOTAL of Receipts This Page (optional) .....

191.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.58

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83484

Amount of Each Receipt this Period

85.62

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.20

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83619

Amount of Each Receipt this Period

85.62

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

941.82

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83754

Amount of Each Receipt this Period

85.62

**SUBTOTAL** of Receipts This Page (optional) .....

256.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City State Zip Code  
Hickory NC 28601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83889

Amount of Each Receipt this Period

85.62

**B.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City State Zip Code  
Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83215

Amount of Each Receipt this Period

92.97

**C.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City State Zip Code  
Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.76

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83350

Amount of Each Receipt this Period

92.97

**SUBTOTAL** of Receipts This Page (optional) .....

271.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.25

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83486

Amount of Each Receipt this Period

46.49

**B.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

883.22

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83621

Amount of Each Receipt this Period

92.97

**C.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

976.19

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83756

Amount of Each Receipt this Period

92.97

**SUBTOTAL** of Receipts This Page (optional) .....

232.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1069.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83891

Amount of Each Receipt this Period

92.97

**B.**

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.87

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83217

Amount of Each Receipt this Period

84.62

**C.**

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.49

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83352

Amount of Each Receipt this Period

84.62

**SUBTOTAL** of Receipts This Page (optional) .....

262.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.11

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83488

Amount of Each Receipt this Period

84.62

**B.**

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.73

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83623

Amount of Each Receipt this Period

84.62

**C.**

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

922.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83758

Amount of Each Receipt this Period

84.62

**SUBTOTAL** of Receipts This Page (optional) .....

253.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1006.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83893

Amount of Each Receipt this Period

84.62

**B.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.12

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83223

Amount of Each Receipt this Period

96.16

**C.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.28

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83358

Amount of Each Receipt this Period

96.16

**SUBTOTAL** of Receipts This Page (optional) .....

276.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.44

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83494

Amount of Each Receipt this Period

96.16

**B.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83629

Amount of Each Receipt this Period

96.16

**C.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83764

Amount of Each Receipt this Period

96.16

**SUBTOTAL** of Receipts This Page (optional) .....

288.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83899

Amount of Each Receipt this Period

96.16

**B.**

Full Name (Last, First, Middle Initial)

Shirley Michl

Mailing Address 105 Songbird Lane

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Sr. OD Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.83

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83766

Amount of Each Receipt this Period

19.61

**C.**

Full Name (Last, First, Middle Initial)

Shirley Michl

Mailing Address 105 Songbird Lane

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Sr. OD Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83901

Amount of Each Receipt this Period

19.61

**SUBTOTAL** of Receipts This Page (optional) .....

135.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathryn Millican

Mailing Address 1632 Lorraine Road

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.40

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83632

Amount of Each Receipt this Period

20.94

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Millican

Mailing Address 1632 Lorraine Road

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.34

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83767

Amount of Each Receipt this Period

20.94

**C.**

Full Name (Last, First, Middle Initial)

Kathryn Millican

Mailing Address 1632 Lorraine Road

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83902

Amount of Each Receipt this Period

20.94

**SUBTOTAL** of Receipts This Page (optional) .....

62.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83228

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83363

Amount of Each Receipt this Period

77.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83499

Amount of Each Receipt this Period

77.00

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83634

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83769

Amount of Each Receipt this Period

77.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83904

Amount of Each Receipt this Period

77.00

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83233

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83367

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83503

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

576.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83638

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83773

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83908

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

576.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.86

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83235

Amount of Each Receipt this Period

54.52

**B.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.74

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83369

Amount of Each Receipt this Period

77.88

**C.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.62

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83505

Amount of Each Receipt this Period

77.88

**SUBTOTAL** of Receipts This Page (optional) .....

210.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83640

Amount of Each Receipt this Period

77.88

**B.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83775

Amount of Each Receipt this Period

77.88

**C.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.26

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83910

Amount of Each Receipt this Period

77.88

**SUBTOTAL** of Receipts This Page (optional) .....

233.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J Parkerson

Mailing Address 7504 Clayshant Court

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83506

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J Parkerson

Mailing Address 7504 Clayshant Court

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83641

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J Parkerson

Mailing Address 7504 Clayshant Court

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83776

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J Parkerson

Mailing Address 7504 Clayshant Court

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83911

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1173.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83239

Amount of Each Receipt this Period

173.08

**C.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83373

Amount of Each Receipt this Period

173.08

**SUBTOTAL** of Receipts This Page (optional) .....

371.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1519.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83509

Amount of Each Receipt this Period

173.08

**B.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83644

Amount of Each Receipt this Period

173.08

**C.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1865.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83779

Amount of Each Receipt this Period

173.08

**SUBTOTAL** of Receipts This Page (optional) .....

519.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2038.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83914

Amount of Each Receipt this Period

173.08

**B.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.67

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83242

Amount of Each Receipt this Period

30.81

**C.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.48

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83376

Amount of Each Receipt this Period

30.81

**SUBTOTAL** of Receipts This Page (optional) .....

234.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.29

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83512

Amount of Each Receipt this Period

30.81

**B.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.10

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83647

Amount of Each Receipt this Period

30.81

**C.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.91

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83782

Amount of Each Receipt this Period

30.81

**SUBTOTAL** of Receipts This Page (optional) .....

92.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83917

Amount of Each Receipt this Period

30.81

**B.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83245

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83379

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83515

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83650

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83785

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83920

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.15

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83250

Amount of Each Receipt this Period

30.45

**C.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83384

Amount of Each Receipt this Period

30.45

**SUBTOTAL** of Receipts This Page (optional) .....

90.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.05

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83520

Amount of Each Receipt this Period

30.45

**B.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83655

Amount of Each Receipt this Period

30.45

**C.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83790

Amount of Each Receipt this Period

30.45

**SUBTOTAL** of Receipts This Page (optional) .....

91.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83925

Amount of Each Receipt this Period

30.45

**B.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.76

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83386

Amount of Each Receipt this Period

27.88

**C.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.64

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83522

Amount of Each Receipt this Period

27.88

**SUBTOTAL** of Receipts This Page (optional) .....

86.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.52

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83657

Amount of Each Receipt this Period

27.88

**B.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83792

Amount of Each Receipt this Period

27.88

**C.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83927

Amount of Each Receipt this Period

27.88

**SUBTOTAL** of Receipts This Page (optional) .....

83.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83253

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83387

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83523

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

576.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83658

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83793

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83928

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

576.90

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 123

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

Transaction ID: SA11AI.83254

Amount of Each Receipt this Period

35.60

**B.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Transaction ID: SA11AI.83388

Amount of Each Receipt this Period

35.60

**C.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	0

Transaction ID: SA11AI.83524

Amount of Each Receipt this Period

35.60

SUBTOTAL of Receipts This Page (optional) .....

106.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.24

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83659

Amount of Each Receipt this Period

35.60

**B.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83794

Amount of Each Receipt this Period

35.60

**C.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83929

Amount of Each Receipt this Period

35.60

**SUBTOTAL** of Receipts This Page (optional) .....

106.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.28

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83255

Amount of Each Receipt this Period

34.04

**B.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83389

Amount of Each Receipt this Period

34.04

**C.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.36

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83525

Amount of Each Receipt this Period

34.04

**SUBTOTAL** of Receipts This Page (optional) .....

102.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.99

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83660

Amount of Each Receipt this Period

30.63

**B.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83795

Amount of Each Receipt this Period

34.04

**C.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83930

Amount of Each Receipt this Period

34.04

**SUBTOTAL** of Receipts This Page (optional) .....

98.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83257

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83391

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83527

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83662

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83797

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83932

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R John Smith

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83529

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

R John Smith

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83664

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

R John Smith

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83799

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R John Smith

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83934

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

State

Zip Code

Chapel Hill

NC

27517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.29

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83260

Amount of Each Receipt this Period

82.69

**C.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

State

Zip Code

Chapel Hill

NC

27517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83394

Amount of Each Receipt this Period

82.69

**SUBTOTAL** of Receipts This Page (optional) .....

190.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.67

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83530

Amount of Each Receipt this Period

82.69

**B.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83665

Amount of Each Receipt this Period

82.69

**C.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

898.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83800

Amount of Each Receipt this Period

82.69

**SUBTOTAL** of Receipts This Page (optional) .....

248.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.74

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83935

Amount of Each Receipt this Period

82.69

**B.**

Full Name (Last, First, Middle Initial)

William Smith

Mailing Address 303 Lynden Valley Court

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83801

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

William Smith

Mailing Address 303 Lynden Valley Court

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83936

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83268

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83402

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83538

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83673

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83808

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83943

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.49

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83269

Amount of Each Receipt this Period

52.07

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.56

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83403

Amount of Each Receipt this Period

52.07

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.63

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83539

Amount of Each Receipt this Period

52.07

**SUBTOTAL** of Receipts This Page (optional) .....

156.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City State Zip Code  
 Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83674

Amount of Each Receipt this Period

52.07

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City State Zip Code  
 Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.77

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83809

Amount of Each Receipt this Period

52.07

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City State Zip Code  
 Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.84

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83944

Amount of Each Receipt this Period

52.07

**SUBTOTAL** of Receipts This Page (optional) .....

156.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

A Cynthia Troxler

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83811

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

A Cynthia Troxler

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83946

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

State

Zip Code

Holly Springs

NC

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83274

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83408

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83544

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83679

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83814

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83949

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Kimberly Whiteurs

Mailing Address 3008 Cardinal Lake Dr

City

Durham

State

NC

Zip Code

27704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Senior Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83953

Amount of Each Receipt this Period

16.87

**SUBTOTAL** of Receipts This Page (optional) .....

96.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 96 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83279

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83413

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83549

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

576.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83684

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83819

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83954

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

576.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 98 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83281

Amount of Each Receipt this Period

95.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83415

Amount of Each Receipt this Period

95.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83551

Amount of Each Receipt this Period

95.00

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 99 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83686

Amount of Each Receipt this Period

95.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83821

Amount of Each Receipt this Period

95.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83956

Amount of Each Receipt this Period

95.00

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.83282

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.83416

Amount of Each Receipt this Period

41.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.83552

Amount of Each Receipt this Period

41.00

**SUBTOTAL** of Receipts This Page (optional) .....

123.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.83687

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.83822

Amount of Each Receipt this Period

41.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.83957

Amount of Each Receipt this Period

41.00

**SUBTOTAL** of Receipts This Page (optional) .....

123.00

**TOTAL** This Period (last page this line number only) .....

19098.07

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 123

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Hon. Howard Coble	<b>Transaction ID:</b> SB23.83974
	Mailing Address 330 S. Greene St.	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> <div>YY</div> <div>YY</div> </div> <div>04</div> <div>13</div> <div>2010</div>
	City Greensboro State NC Zip Code 27401-2544	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement contribution</div> <div>Candidate Name Hon. Howard Coble</div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: NC District: 06</div> <div>Category/Type</div> </div>	<div>2000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Kissell	<b>Transaction ID:</b> SB23.83973
	Mailing Address PO Box 536	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> <div>YY</div> <div>YY</div> </div> <div>04</div> <div>13</div> <div>2010</div>
	City Biscoe State NC Zip Code 27209	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement contribution</div> <div>Candidate Name Larry Kissell</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> <div>Category/Type</div> </div>	<div>1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick McHenry	<b>Transaction ID:</b> SB23.83975
	Mailing Address 109 Johnson St.	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> <div>YY</div> <div>YY</div> </div> <div>04</div> <div>13</div> <div>2010</div>
	City Mt. Holly State NC Zip Code 28120	<b>Amount of Each Disbursement this Period</b>
	<div> <div>Purpose of Disbursement contribution</div> <div>Candidate Name Patrick McHenry</div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: NC District: 10</div> <div>Category/Type</div> </div>	<div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Hon. Sue Myrick

Mailing Address 9169 Bonnie Briar Cir.

City State Zip Code  
Charlotte NC 28277

Purpose of Disbursement  
contribution

Candidate Name  
Hon. Sue Myrick

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: SB23.83972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Heath Shuler

Mailing Address

City State Zip Code

Purpose of Disbursement  
contribution

Candidate Name  
Heath Shuler

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: SB23.83971

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Doug Berger

**Transaction ID:** SB29.84034

Date of Disbursement

Mailing Address PO Box 1101

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	0

City  
YoungsvilleState  
NCZip Code  
27596

Amount of Each Disbursement this Period

Purpose of Disbursement  
contributionCandidate Name  
Doug BergerCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Rep. Daniel Blue, Jr.

**Transaction ID:** SB29.83959

Date of Disbursement

Mailing Address P.O. Box 1730

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	0

City  
RaleighState  
NCZip Code  
27602

Amount of Each Disbursement this Period

Purpose of Disbursement  
contributionCandidate Name  
Rep. Daniel Blue, Jr.Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

3000.00

**C.**

Full Name (Last, First, Middle Initial)

John Blust

**Transaction ID:** SB29.83986

Date of Disbursement

Mailing Address 1515 New Garden Road  
1-C

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

City  
GreensboroState  
NCZip Code  
27410

Amount of Each Disbursement this Period

Purpose of Disbursement  
contributionCandidate Name  
John BlustCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Boles

**Transaction ID:** SB29.84054

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Mailing Address 321 Santee Rd

Amount of Each Disbursement this Period

500.00									
--------	--	--	--	--	--	--	--	--	--

City Carthage State NC Zip Code 28327

Purpose of Disbursement  
contribution

Category/ Type
-------------------

Candidate Name  
James BolesOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**B.**

Full Name (Last, First, Middle Initial)

Van Braxton

**Transaction ID:** SB29.83969

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	0

Mailing Address

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City State Zip Code

Purpose of Disbursement  
contribution

Category/ Type
-------------------

Candidate Name  
Van BraxtonOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

William Brission

**Transaction ID:** SB29.83997

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Mailing Address

Amount of Each Disbursement this Period

500.00									
--------	--	--	--	--	--	--	--	--	--

City State Zip Code

Purpose of Disbursement  
contribution

Category/ Type
-------------------

Candidate Name  
William BrissionOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Harry Brown Mailing Address 2223 N Marine Blvd	<b>Transaction ID:</b> SB29.84007 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div>
City Jacksonville State NC Zip Code 28546 Purpose of Disbursement contribution Candidate Name Harry Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NC District: 06 Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Rep. Harold Brubaker Mailing Address 312 W. Salisbury St City Asheboro State NC Zip Code 27203 Purpose of Disbursement contribution Candidate Name Rep. Harold Brubaker Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: District: Other (specify) ▼	<b>Transaction ID:</b> SB29.83965 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Pete Brunstetter Mailing Address 3054 Panther Ridge Lane City Lewisville State NC Zip Code 27023 Purpose of Disbursement contribution Candidate Name Pete Brunstetter Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NC District: Other (specify) ▼	<b>Transaction ID:</b> SB29.84040 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pearl Burris-Floyd	<b>Transaction ID:</b> SB29.84056 <b>Date of Disbursement</b>
Mailing Address 518 East Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City Dallas State NC Zip Code 28034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>500.00</div>
Candidate Name Pearl Burris-Floyd	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Becky Carney	<b>Transaction ID:</b> SB29.83964 <b>Date of Disbursement</b>
Mailing Address	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 0</div> </div>
City State Zip Code	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>500.00</div>
Candidate Name Becky Carney	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Rep. Debbie Clary	<b>Transaction ID:</b> SB29.84006 <b>Date of Disbursement</b>
Mailing Address P.O. Box 2266	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div>
City Shelby State NC Zip Code 28151	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>500.00</div>
Candidate Name Rep. Debbie Clary	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Nelson Cole			<b>Transaction ID:</b> SB29.83988 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0	
	Mailing Address 2012 Carpenter Dr.				
	City Reidsville	State NC	Zip Code 27320	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement contribution		Category/ Type		
	Candidate Name Mr. Nelson Cole				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NC District: 65					
<b>B.</b>	Full Name (Last, First, Middle Initial) Tricia Cotham			<b>Transaction ID:</b> SB29.83996 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0	
	Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period 750.00	
	Purpose of Disbursement contribution		Category/ Type		
	Candidate Name Tricia Cotham				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NC District:					
<b>C.</b>	Full Name (Last, First, Middle Initial) James Crawford			<b>Transaction ID:</b> SB29.83983 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0	
	Mailing Address				
	City	State	Zip Code	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement contribution		Category/ Type		
	Candidate Name James Crawford				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

**SUBTOTAL** of Disbursements This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sen. Walter Dalton</p> <p>Mailing Address 153 West Main St Ste 116</p> <p>City Forest City State NC Zip Code 28043</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Sen. Walter Dalton</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.83978</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Don Davis</p> <p>Mailing Address 413 W. Greene Sr</p> <p>City Snow Hill State NC Zip Code 28580</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Don Davis</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.84003</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Margaret Dickson</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Margaret Dickson</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.84038</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5000.00**

**TOTAL** This Period (last page this line number only) .....

	21b		22		23		24		25		26
	27		28a		28b		28c	x	29		30b

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Forrester, Jim	<b>Transaction ID:</b> SB29.84008 <b>Date of Disbursement</b>																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City State Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution Candidate Name Forrester, Jim	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) Sen. Linda Garrou	<b>Transaction ID:</b> SB29.84010 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 11843	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City State Zip Code Winston-Salem NC 27116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution Candidate Name Sen. Linda Garrou	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) Pryor Gibson	<b>Transaction ID:</b> SB29.83991 <b>Date of Disbursement</b>																				
Mailing Address 102 Rose Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City State Zip Code Wadesboro NC 28170	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution Candidate Name Pryor Gibson	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type																					

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rosa Gill

Mailing Address 2408 Foxtrot Rd

City  
Raleigh

State  
NC

Zip Code  
27610

Purpose of Disbursement  
contribution

Candidate Name  
Rosa Gill

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.84048

Date of Disbursement

04 / 13 / 2010

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Malcom Graham

Mailing Address 3403 Cresta Court

City  
Charlotte

State  
NC

Zip Code  
28269

Purpose of Disbursement  
contribution

Candidate Name  
Malcom Graham

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.84000

Date of Disbursement

04 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rep. R. Phillip Haire

Mailing Address P.O. Box 248

City  
Sylva

State  
NC

Zip Code  
28779

Purpose of Disbursement  
contribution

Candidate Name  
Rep. R. Phillip Haire

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.83990

Date of Disbursement

04 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kathy Harrington	<b>Transaction ID:</b> SB29.84023 <b>Date of Disbursement</b>																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	0												
City State Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution Candidate Name Kathy Harrington	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bryan Holloway	<b>Transaction ID:</b> SB29.83979 <b>Date of Disbursement</b>																				
Mailing Address 1165 Sterling Pointe Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City State Zip Code King NC 27021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution Candidate Name Bryan Holloway	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Julia Howard	<b>Transaction ID:</b> SB29.83987 <b>Date of Disbursement</b>																				
Mailing Address 203 Magnolia Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City State Zip Code Mocksville NC 27028	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution Candidate Name Julia Howard	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Neal Hunt	<b>Transaction ID:</b> SB29.84013 <b>Date of Disbursement</b>																				
Mailing Address 2608 Sherborne Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City Raleigh State NC Zip Code 27612	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Hunt, Neal	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Darren Jackson	<b>Transaction ID:</b> SB29.84050 <b>Date of Disbursement</b>																				
Mailing Address 1525 Crikett Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City Raleigh State NC Zip Code 27610	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Darren Jackson	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Clark Jenkins	<b>Transaction ID:</b> SB29.83958 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 310	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	0												
City Tarboro State NC Zip Code 27886	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Clark Jenkins	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Jones	<b>Transaction ID:</b> SB29.84001 <b>Date of Disbursement</b>
Mailing Address PO Box 786	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City Enfield State NC Zip Code 27823	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution Candidate Name Edward Jones	<div> <div></div> <div>1000.00</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) David Lewis	<b>Transaction ID:</b> SB29.83981 <b>Date of Disbursement</b>
Mailing Address 1500 S. Clinton Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City Dunn State NC Zip Code 28334	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution Candidate Name David Lewis	<div> <div></div> <div>750.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jimmy Love	<b>Transaction ID:</b> SB29.83985 <b>Date of Disbursement</b>
Mailing Address PO Box 309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City Sanford State NC Zip Code 27331	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution Candidate Name Mr. Jimmy Love	<div> <div></div> <div>1000.00</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 51	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2750.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 / 123

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rep. Daniel McComas

Mailing Address P.O. Box 2274

City  
WilmingtonState  
NCZip Code  
28402Purpose of Disbursement  
contributionCandidate Name  
Rep. Daniel McComasCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.83980

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Pat McElraft

Mailing Address PO Box 4477

City  
Emerald IsleState  
NCZip Code  
28594Purpose of Disbursement  
contributionCandidate Name  
Pat McElraftCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.83989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Rep. H.M. (Mickey) Michaux

Mailing Address 1722 Alfred Street

City  
DurhamState  
NCZip Code  
27713Purpose of Disbursement  
contributionCandidate Name  
Rep. H.M. (Mickey) MichauxCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.83982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Grey Mills

Mailing Address 156 Brick Klin Way

City  
 Mooresville

State  
 NC

Zip Code  
 28117

Purpose of Disbursement  
 contribution

Candidate Name  
 Grey Mills

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**Transaction ID:** SB29.84052

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Tim Moore

Mailing Address 813 W. Mountain St.

City  
 Kings Mountain

State  
 NC

Zip Code  
 28086

Purpose of Disbursement  
 contribution

Candidate Name  
 Moore, Tim

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.84062

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Rep. Martin Nesbitt

Mailing Address 29 N. Market Street

City  
 Asheville

State  
 NC

Zip Code  
 28801

Purpose of Disbursement  
 contribution

Candidate Name  
 Rep. Martin Nesbitt

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.83961

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Owens	<b>Transaction ID:</b> SB29.83977 <b>Date of Disbursement</b>
Mailing Address 1443 Northside Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City Elizabeth City State NC Zip Code 27909	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>1000.00</div>
Candidate Name Owens, Bill	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rep. Jean Preston	<b>Transaction ID:</b> SB29.84009 <b>Date of Disbursement</b>
Mailing Address 211 Pompano Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div>
City Emerald Isle State NC Zip Code 28594	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>1000.00</div>
Candidate Name Rep. Jean Preston	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sen. William Purcell	<b>Transaction ID:</b> SB29.83963 <b>Date of Disbursement</b>
Mailing Address PO Box 154	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 0</div> </div>
City Laurinburg State NC Zip Code 28353	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>1000.00</div>
Candidate Name Sen. William Purcell	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Shirley Randleman

Mailing Address 487 Triple Cove Dr

City Wilkesboro State NC Zip Code 28697

Purpose of Disbursement  
contribution

Candidate Name  
Shirley Randleman

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: NC District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.84060

Date of Disbursement

04 / 23 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Rouzer

Mailing Address

City State Zip Code

Purpose of Disbursement  
contribution

Candidate Name  
David Rouzer

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.83960

Date of Disbursement

04 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bob Rucho

Mailing Address 305 Trafalgar Place

City Matthews State NC Zip Code 28105

Purpose of Disbursement  
contribution

Candidate Name  
Bob Rucho

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.84005

Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ruth Samuelson	<b>Transaction ID:</b> SB29.84058 <b>Date of Disbursement</b>
Mailing Address 1143 Andover Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City Charlotte State NC Zip Code 28211	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>750.00</div>
Candidate Name Ruth Samuelson	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) John Snow	<b>Transaction ID:</b> SB29.84002 <b>Date of Disbursement</b>
Mailing Address 105 Van Horn Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City Murphy State NC Zip Code 28906	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>1000.00</div>
Candidate Name John Snow	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Stevens	<b>Transaction ID:</b> SB29.83962 <b>Date of Disbursement</b>
Mailing Address 9904 Wayngate Ridge Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 0</div> </div>
City Raleigh State NC Zip Code 27617	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>2000.00</div>
Candidate Name Richard Stevens	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3750.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronnie Sutton

**Transaction ID:** SB29.84046

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	0

Mailing Address 2940 Philadelphus Rd

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Pembroke	NC	28372

Purpose of Disbursement  
contributionCandidate Name  
Ronnie Sutton

Category/ Type
-------------------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NC District:

**B.**

Full Name (Last, First, Middle Initial)

Thom Tillis

**Transaction ID:** SB29.83968

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	0

Mailing Address 16116 North Point Rd

Amount of Each Disbursement this Period

3000.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Huntersville	NC	28078

Purpose of Disbursement  
contributionCandidate Name  
Thom Tillis

Category/ Type
-------------------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NC District: 98

**C.**

Full Name (Last, First, Middle Initial)

Jerry Tillman

**Transaction ID:** SB29.84004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Mailing Address 6246 Weant Road

Amount of Each Disbursement this Period

750.00									
--------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Archdale	NC	27263

Purpose of Disbursement  
contributionCandidate Name  
Jerry Tillman

Category/ Type
-------------------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

4750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Walters	<b>Transaction ID:</b> SB29.84042 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1148	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City Proctorville State NC Zip Code 28375	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael Walters	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Roger West	<b>Transaction ID:</b> SB29.83994 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1049	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City Murphy State NC Zip Code 28906	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Roger West	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Jane Whilden	<b>Transaction ID:</b> SB29.83984 <b>Date of Disbursement</b>																				
Mailing Address 8 Busbee Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City Asheville State NC Zip Code 28803	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Jane Whilden	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Winkie Wilkins

Mailing Address 210 Fairoaks Dr

City  
Roxboro

State  
NC

Zip Code  
27574

Purpose of Disbursement  
contribution

Candidate Name  
Mr. Winkie Wilkins

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 55

**Transaction ID:** SB29.83970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Winkie Wilkins

Mailing Address 210 Fairoaks Dr

City  
Roxboro

State  
NC

Zip Code  
27574

Purpose of Disbursement  
contribution

Candidate Name  
Mr. Winkie Wilkins

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 55

**Transaction ID:** SB29.83998

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Williams

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
contribution

Candidate Name  
Arthur Williams

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.83976

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

71000.00